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1 Name of Attorney _____
 2 Bar # _____
 3 Address _____
 4 Phone # _____
 5 e-mail address _____

U.S.
MAR

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEVADA

In re:

Debtor.

Bankruptcy No.:

Chapter: 06-10725

Trustee:

CHANGE OF ADDRESS OF:

☐ DEBTOR☒ CREDITOR☐ OTHER

This address change applies to (please check all that apply):

☐ Notices only☐ Payments from Trustee☒ Both Notices and payments

I request that notice be sent to the following address: (please print)

Conrad Hunt - a fee

Name

27564 Convent Ave.

Address

Valencia CA 91354

City

State

Zip Code

Please check one of the following:

☐ The change of address is applicable only in the above captioned case.

☒ The change of address is also applicable in the following related cases: (please list the case numbers) List 6 case #s

DATE: July 16, 2011

SIGNATURE

Change Of Address Request

My cousin, Alice Shepherd, passed away on March 17, 2011. I am the Trustee of the Shepherd Trust Dated June 28, 2005. Please update the mailing address as described below. If there are any questions, I may be reached at 661-927-7773 or Shepherd_Trust@att.net via e-mail.

Thank you,

Conrad Frank, Trustee of the Shepherd Trust Dated June 28, 2005

Known case numbers:

BK-S-06-10725-LBR✓
BK-S-06-10726-LBR
BK-S-06-10727-LBR
BK-S-06-10728-LBR
BK-S-06-10729-LBR

BK-N-07-13162-LBR

Mailing addresses that are no longer valid:

Alice Shepherd
14758 Calla Lily CT
Canyon Country, CA 91387-1519

Shepherd Trust Dated 6/28/05
C/O Alice Shepherd Trustee
14758 Calla Lily CT
Canyon Country, CA 91387-1519

Please use the following address:

Shepherd Trust Dated 6/28/05
C/O Conrad Frank Trustee
27564 Courtview Drive
Valencia, CA 91354-1600

TRUSTEE'S CERTIFICATE OF TRUST
(California Probate Code Section 18100.5)

I, the undersigned, declare the following:

1. Alice Shepherd was the original settlor and trustee of the Shepherd Trust dated June 28, 2005 ("Trust"). The Trust was executed on June 28, 2005 and subsequently amended on August 3, 2007. The Trust remains in effect.
2. Alice Shepherd died on March 17, 2011. A Certified copy of her Death Certificate is attached hereto. The Trust states if Alice Shepherd fails or ceases to act as trustee, I become the sole trustee of the Trust.
3. Attached is a copy of the main body of the Trust instrument as is effective now. Such copy includes my powers as trustee of the Trust. I acting alone may exercise such powers by my signature.
4. The taxpayer identification number of the Trust is my social security number: 45-6208326.
5. Title to the Trust assets should be held as follows (or in at least some reasonable abbreviation of the following):

Conrad Frank, Trustee of the Shepherd Trust dated June 28, 2005.
6. The Trust is now irrevocable. Moreover, the Trust has not been amended, revoked or terminated in any manner which would cause the representations in this certification of trust to be incorrect. This certification has been signed by all of the currently acting trustees of the Trusts.

I declare under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct.

Dated: April 4, 2011



Conrad Frank, Trustee

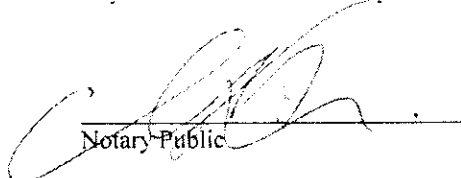
STATE OF CALIFORNIA)(
)(ss.
COUNTY OF LOS ANGELES)(

On April 4, 2011 before me, MARIA N. JONSSON, a Notary Public, personally appeared CONRAD FRANK, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



Notary Public



(Seal)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3201119012432

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
ALICE		SHEPHERD	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
		09/18/1953	
5. AGE Yrs.		6. UNDER ONE YEAR	
57		Months Days	
7. UNDER 24 HOUR		8. SEX	
F		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
GERMANY		552-33-8049	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (See time of death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DIVORCED	
13. DATE OF DEATH mm/dd/yyyy		14. HOUR (24 hours)	
03/17/2011		0339	
15. EDUCATION - Highest Level (Degree)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
DOCTORATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
TECHNICAL WRITER		JOURNALISM	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number, or location)	
15		14758 CALLA LILY COURT	
21. CITY		22. COUNTY/PROVINCE	
CANYON COUNTRY		LOS ANGELES	
23. ZIP CODE		24. YEARS IN COUNTY	
91387		12	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CALIFORNIA		CONRAD P. FRANK, AHCD AGENT	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/SPD - FIRST	
27564 COURTVIEW DRIVE, VALENCIA, CA 91354			
29. NAME OF FATHER/PARENT - FIRST		30. LAST (BIRTH NAME)	
KURT		SCHLICHTER	
31. NAME OF MOTHER/PARENT - FIRST		32. LAST (BIRTH NAME)	
ALICE		FRANK	
33. DATE OF DEATH mm/dd/yyyy		34. PLACE OF FINAL DISPOSITION	
03/24/2011		AT SEA OFF THE COAST OF LOS ANGELES COUNTY	
35. TYPE OF DISPOSITION		36. SIGNATURE OF EMBALMER	
CR/SEA		NOT EMBALMED	
37. NAME OF FUNERAL ESTABLISHMENT		38. LICENSE NUMBER	
ANGELENO MORTUARY		FD1812	
39. SIGNATURE OF LOCAL REGISTRAR		40. DATE mm/dd/yyyy	
JONATHAN FIELDING, MD		03/23/2011	
41. PLACE OF DEATH		42. IF HOSPITAL, SPECIFY ONE	
HENRY MAYO NEWHALL MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> P <input type="checkbox"/> ER/CP <input type="checkbox"/> OCA <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME/ETC <input type="checkbox"/> DEATH IN HOME <input type="checkbox"/> OTHER	
43. COUNTY		44. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
LOS ANGELES		23845 W MCBEAN PKWY	
45. CITY		46. CAUSE OF DEATH	
VALENCIA		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.	
47. IMMEDIATE CAUSE (Final disease or condition resulting in death)		48. TIME INTERVAL BETWEEN ONSET AND DEATH	
A. CARDIOPULMONARY ARREST		MIN	
B. ACUTE RESPIRATORY FAILURE		HOURS	
C. BREAST CANCER WITH METASTASIS		DAYS	
D. HYPERTENSION		YEARS	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. IF FEMALE, PREG. IN LAST YEAR	
HYPERTENSION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> L&K	
114. VIDEO OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date.		115. SIGNATURE AND TITLE OF CERTIFIER	
VIDEO ASSISTED THORACIC SURGERY 02/28/2011		ARMAND T MASONGSONG M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
ARMAND T MASONGSONG M.D.		03/22/2011	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. INJURY DATE mm/dd/yyyy	
ARMAND T MASONGSONG M.D.		21700 GOLDEN TRIANGLE RD # 105, SANTA CLARITA, CA 91350	
120. INJURED AT WORK?		121. HOUR (24 hours)	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> L&K		122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. SIGNATURE OF CORONER/DEPUTY CORONER	
125. LOCATION OF INJURY (Street and number, or location, and city and zip)		126. DATE mm/dd/yyyy	
127. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
129. STATE REGISTRAR		130. FAX AUTH.#	
A B C D E		131. ENSUS TRACT	

This is a true certified copy of the record filed in the County of Los Angeles

Department of Public Health if it bears the Registrar's signature in purple ink.

NH

DATE ISSUED MAR 24 2011 * H D 2 3 3 9 7 0 9 *

Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

